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PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>																																																																																																																																																																																																																																											
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/506,215																																																																																																																																																																																																																																										
		Filing Date	February 17, 2000																																																																																																																																																																																																																																										
		First Named Inventor	Naohiro Shimada																																																																																																																																																																																																																																										
		Examiner Name	B. Prieto																																																																																																																																																																																																																																										
		Group Art Unit	2142																																																																																																																																																																																																																																										
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 110.00		Attorney Docket No.	G0126.0182/P182																																																																																																																																																																																																																																										
<b>METHOD OF PAYMENT</b> (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																																																											
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<b>SUBMITTED BY</b> Name (Print/Type): Edward A. Meilman Signature: <i>Edward A. Meilman</i>		<b>Complete (if applicable)</b> Registration No. (Attorney/Agent): 24,735 Telephone: (212) 896-5471 Date: February 5, 2003																																																																																																																																																																																																																																											